### **APPLICATION DATA SHEET**

#### **Application Information**

**Application Number::** NOT YET ASSIGNED

Filing Date:: December 23, 2003

Application Type:: Non-Provisional

Subject Matter:: Utility

Suggested Classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

**Sequence Submission?::** 

**Computer Readable Form** 

(CFR)?::

Number of Copies of CFR::

Title:: DIRECT MEMORY ACCESS CONTROL

Attorney Docket Number:: 42339-198342

Request for Early Publication?::

Request for Non-Publication?::

**Suggested Drawing Figure::** 

Total Drawing Sheets:: 4

**Small Entity?::** 

**Latin Name::** 

**Variety Denomination Name::** 

Petition Included?::

**Petition Type::** 

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

**Secrecy Order in Parent Appl.::** 

# **Applicant Information**

**Applicant Authority Type::** Inventor

Primary Citizenship:: India

Country:: India

Status:: Full Capacity

Given Name:: Vasu

Middle Name:: J.

Family Name:: BIBIKAR

Name Suffix::

City of Residence:: Austin

State or Province of Residence:: Texas

Country of Residence:: USA

Street of Mailing Address:: 9620 Rainlilly Lane

City of Mailing Address:: Austin

State or Province of Mailing Texas

Address::

Country of Mailing Address:: USA

Postal or Zip Code of Mailing 78759

Address::

**Applicant Authority Type::** Inventor

Primary Citizenship:: India

Country:: India

Status:: Full Capacity

Given Name:: Sreevathsa

Middle Name::

Family Name:: RAMACHANDRA

Name Suffix::

City of Residence:: Austin

State or Province of Residence:: Texas

Country of Residence:: USA

**Street of Mailing Address::** 14829 Thatcher Drive

City of Mailing Address:: Austin State or Province of Mailing Texas Address:: **USA** Country of Mailing Address:: Postal or Zip Code of Mailing 78717 Address:: **Applicant Authority Type::** Inventor **Primary Citizenship::** United Kingdom Country:: **United Kingdom** Status:: **Full Capacity** Given Name:: Mark Middle Name:: N. Family Name:: **FULLERTON** Name Suffix:: City of Residence:: Austin State or Province of Residence:: Texas Country of Residence:: USA Street of Mailing Address:: 6636 W. William Cannon Drive, Apt. 218 City of Mailing Address:: Austin State or Province of Mailing Texas Address:: USA Country of Mailing Address:: Postal or Zip Code of Mailing 78735 Address:: **Applicant Authority Type::** Inventor **Primary Citizenship::** Country:: Status:: **Full Capacity** Given Name::

Middle Name::

Family Name::

Name Suffix::				
City of Residence	e::			
State or Province	of Residence::			
Country of Resid	ence::			
Street of Mailing	Address::			
City of Mailing Ad	ddress::			
State or Province Address:: Country of Mailin	•			
Postal or Zip Coo				
Corresponden	ce Information			
Correspondence Customer Number::		26694		
Phone Number:: Fax Number::		(202) 344-4000 (202) 344-8300		
Representative	e Information			
Representative C Number::	ustomer 2	26694		
Domestic Prior	rity Information			
Application::	Continuity Ty	pe::	Parent Application::	Parent Filing Date::
	Continuation	of		

#### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

# **Assignee Information**

Assignee Name:: Intel Corporation

Street of Mailing Address:: 2200 Mission College Boulevard

City of Mailing Address:: Santa Clara

State or Province of Mailing California

Address::

Country of Mailing Address:: USA

Postal or Zip Code of Mailing 95052

Address::

DC2-511352